



YOUR Health

Los Angeles County Department of Health Services • Public Health

Volume VI; Number 3; Spring 2004

Avian Flu: What You Need to Know

What is avian influenza?

Avian influenza or "bird flu" are viruses that typically infect wild birds worldwide. Bird flu usually doesn't make wild birds sick, but it can sicken and even kill domesticated birds (such as chicken or turkeys). Bird flu does not typically infect people. However, several bird flu cases among humans have been reported since 1997.



bird's feces. No human cases of bird flu have been reported in the United States.

What are the symptoms of bird flu?

Symptoms of bird flu among people include fever, cough, sore throat, muscle aches, eye infections, pneumonia, difficulty in breathing, and viral pneumonia.

How many human cases of bird flu have been confirmed?

As of late March, the World Health Organization (WHO) has confirmed 34 cases of bird flu among humans in Thailand and Vietnam. Twenty-three of these infected persons have died. It is believed that the infected persons had contact with either the sick bird or the sick

What can I do to prevent bird flu?

Although the Centers for Disease Control and Prevention (CDC) and WHO have not recommended that the general public stay away from those countries affected by bird flu, they have issued some health precautions for travelers:

Continued on page 3



Mad cow disease is a rare degenerative condition that affects the central nervous system of cattle and eventually causes death in infected cows.

How Now, Mad Cow?

Answering Your Questions about Mad Cow Disease

What is mad cow disease?

Mad cow disease, or bovine spongiform encephalopathy (BSE), is a rare disorder of the central nervous system (brain and spinal cord) that affects cattle (cows). Sponge-like holes form in the brains of cows infected with mad cow disease. Eventually, the disease will spread to other parts of the body and the infected cow will die. The cause of mad cow disease is unknown at this time.

How common is mad cow disease in the U.S.?

Since 1990, the U.S. Department of Agriculture (USDA) has tested 10,000 - 20,000 animals for mad cow disease each year. In December 2003, the first case of mad cow disease in the U.S. was identified in a dairy cow in Washington State. The cow was bought from a farm in Canada.

What happened after the case of mad cow disease was discovered in Washington?

To make sure that the mad cow disease did not spread to the food supply, the USDA

Continued on page 2

Mad Cow Disease: Continued from page 1

immediately recalled the meat from the slaughterhouse where the cow was identified. According to USDA officials, there is little risk of finding any additional cases of mad cow disease in the U.S. food supply.

Can people get mad cow disease?

There is a disease similar to mad cow disease called Creutzfeldt-Jacob Disease (CJD) that is found in people. Experts believe that a new variant or form of CJD (known as vCJD) can result from eating meat contaminated with mad cow disease. Worldwide, a total of 153 vCJD cases had been reported worldwide as of early

December 2003. Of these, 143 cases had occurred in the United Kingdom.

There has been one case of vCJD in the United States in a young woman who probably contracted the disease while still living in Great Britain. Her symptoms developed after she moved to the U.S.

Does mad cow disease affected cow's milk?

No. Mad cow disease cannot be transmitted through cow's milk, even if the milk is from a cow infected with mad cow disease.

What is being done to prevent BSE?

Since 1989, the USDA has banned live animals (such as cows, sheep, goats) and animal products from being imported from countries known to have mad cow disease. In 1997, the ban was expanded to include all of Europe. The U.S. Food and Drug Administration (FDA) has banned animal protein from being used in feed for cows, sheep and goats. In January 2004, the USDA issued four new regulations about how cattle are slaughtered to further protect the public against mad cow disease.

<http://www.fsis.usda.gov/oa/news/2004/bseregs.htm>

For more information, please visit, <http://www.cdc.gov/ncidod/diseases/cjd/cjd.htm>

KEEPING YOUR HOME SAFE WHEN CHILDREN ARE ALONE

Children should feel protected and secure in their homes — even when they are unsupervised. Unfortunately, accidental injuries and other emergencies often occur when children are home by themselves.

Generally, children under the age of 12 need adult supervision for all but short periods of time. When your children are home alone, they should understand that they are accepting adult responsibilities for their safety. Your children need a lot of support and guidance if they spend regular time home along.

The following tips will help you ensure the safety of your children when you can't be home with them.

- ▶ Agree on ground rules when you are not home (should your children have friends over or can they use the stove?)
- ▶ Have telephone numbers posted (where you can be reached, fire and police, neighbors, nearby relatives).
- ▶ If your children arrive home to an empty house, have them call and check in with you.
- ▶ Establish rules about answering the telephone or the door. Be sure they understand the importance of not telling strangers that they are home alone.
- ▶ Enroll your children in a course on safety procedures for children. Your local hospital or YMCA may offer these classes.
- ▶ Talk with your children about their concerns when they are home alone.
- ▶ Establish guidelines for your children's use of the Internet. Do not let them access sites unless you have visited them yourself.
- ▶ Remember to keep in touch with your children and with what they are doing when you can't be with them.



Post this on your refrigerator, or in another place your child can easily see it.

IN CASE OF EMERGENCY

FIRE: _____

POLICE: _____

NEIGHBOR: _____

RELATIVE: _____

MOM'S WORK: _____

DAD'S WORK: _____

Prevention Methods: *Pelvic Exercises & Urinary Incontinence*

If you suffer from shame and inconvenience caused by uncontrolled leakage of urine in public places, you are not alone. At least 13 million people in the United States are affected by urinary incontinence (UI), including 15 to 30 percent of people over the age of 65. UI is especially common in women in this age bracket. Apart from shame and inconvenience, it can be costly to treat infections and skin erosions caused by incontinence.

But there is good news. Two thirds of the urinary incontinence can be either completely cured or slowed down. Pelvic muscles control urine and stools by opening and closing the outlets and also support the uterus. Urinary incontinence can occur when these muscles get weak due to various causes such as childbirth, obesity and old age. Get yourself examined by a physician to rule out any other cause, which may need a different treatment.

Just like all other muscles, pelvic muscles become stronger when exercised. **Exercising the pelvic muscles correctly and regularly** can improve bladder control and help prevent or treat urinary incontinence. These exercises are called Kegel exercises. Even men and women who don't have incontinence can do these exercises to prevent getting it later.

No one will know you are doing these exercises; you can do them everyday while watching television, waiting for the bus, or while sitting at a desk. Performing Kegel exercises in all three positions--- sitting, standing and lying-- is the most beneficial. Improvement in bladder control may take 3 to 6 weeks to develop. Squeezing the pelvic muscles while coughing, sneezing, jumping and lifting can prevent

injury to these muscles. Recording the time and number of times you exercised, in a diary or calendar can keep you motivated.

In many cases, the urinary incontinence is completely cured, improves or stops from becoming worse. If it doesn't improve, don't be embarrassed to consult with your physician to find out if you have other treatment options. It is a health problem for which treatment is available. *Before you begin the following exercises, make sure your bladder is empty by completely passing the urine.*

Identify your pelvic muscles:

1. Sit on the toilet with legs spread out. Try to stop the flow of urine in the toilet after the urine flow slows down, without tensing your leg, back or thigh muscles. You can feel the pelvic muscles pulling upward and inward. These are the same muscles you squeeze to stop passing gas.

2. To confirm,

If you are a woman:

Lie down and put your finger in the vagina and constrict the muscles as you would when you try to stop the urine flow. You can feel the muscles constricting around your finger.

If you are a man:

The tip of the penis will pull slightly in and up toward your body when the pelvic muscles contract.

3. If you are still not sure, get help from your healthcare provider.

If you have successfully identified the pelvic muscles, you are ready to start your exercises.



Breathe normally during the exercises. There are two types of exercises that you can do with your pelvic muscles.

1. **Slow contractions:** Constrict your muscles for a count of 3 and relax for a count of 3 to start with. Gradually, as you get experienced, you can increase the count to 10. Repeat this for 15-20 times each session, for about 5 minutes. You can do these sessions for 3 or more times a day.
2. **Quick contractions:** Contract and relax the pelvic muscles as quickly and completely as you can.

Other methods to prevent leakage:

1. Sometimes, the bladder is not completely emptied, though you may feel it is. After completely passing urine, wait for a minute and try to pass again. This is called double-voiding.
2. Women can cross their legs to stop leakage.
3. The bladder can be slowly trained to increase time between trips to bathroom.
4. Tea or coffee can make you pass urine often. Avoid these before you go for an outing.

Take care not to make the muscles tired by overdoing these exercises.

Avian Flu: Continued from page 1

- Avoid areas with live poultry such as poultry farms or live food markets.
- Avoid touching any surfaces that may be contaminated with feces from poultry or other animals.
- Practice good hygiene when handling poultry products. For example, wash your hands before and after handling poultry, and always cook poultry thoroughly.
- After you return home, monitor your health for 10 days. If you become sick with fever or breathing problems during these 10 days, call your health care provider.

For the complete list of travel precautions, visit the CDC and/or WHO web sites:

http://www.cdc.gov/travel/other/precautions_avian_flu_020604.htm
http://www.who.int/csr/disease/avian_influenza/travel_2004_02_11/en/

For general information about bird flu, visit the CDC web site:

<http://www.cdc.gov/flu/avian/facts.htm>

For latest update on the number of human cases of bird flu, visit the WHO web site:

http://www.who.int/csr/disease/avian_influenza/en/

Avian Flu Hotlines (CDC): English: (888) 246-2675 • Español: (888) 246-2857



Ask the Public Health Nurse

Asthma

Q: I think my child may have asthma. How do I know? How can it be treated?

A: Recognizing the early warning signs and mild symptoms of asthma is an important part of managing the condition. Early warning signs are experienced before the start of an asthma episode. Unique to each person, early warning signs may be the same, similar, or entirely different with each episode. Some examples of early warning signs are: breathing changes, sneezing, moodiness, headache, running/stuffy nose, coughing, among many others. Asthma symptoms indicate that an asthma episode is occurring. Examples of these symptoms include the following: wheezing, coughing, shortness of breath, tightness in the chest.



If severe symptoms are present, it is vital to begin the appropriate treatment immediately. Accurate and timely assessment of your symptoms or your child's symptoms can help you and your clinician decide if treatment should begin in the home, at your clinician's office or in the emergency room.

Asthma can be triggered by everyday stimuli such as cold air, dust, strong fumes, inhaled irritants, emotional upsets, exercise and smoke. Smoke acts as a very strong trigger. Second-hand smoke has been shown to aggravate asthma symptoms, especially in children. The effects of one cigarette linger in the home for seven days, and therefore, it is very important to provide a SMOKE-FREE HOME for all children.

In addition, allergens and respiratory viral infections are common asthma inducers. About 75-80 percent of young asthmatics are allergic. Inhalant allergens are the most important inducer or causes for asthma. The most common inhaled allergens include pollen (grasses, trees and weeds), animal secretions (cats and horses tend to be the most allergen causing), molds, and house dust mites. Exposure to an allergen may cause immediate symptoms such as a wheeze or cough.

In children, respiratory viral infections may cause a deterioration in his or her asthma. Respiratory viral infection is one of the most common causes of asthma. In some cases, the influenza vaccine may help to prevent respiratory complications that can occur from developing influenza (however, this vaccine is contraindicated for those individuals who have an allergy to eggs).

The best way to manage asthma is to have the individual actively involved in his/her own treatment. When asthma is correctly managed, patients' lifestyles should normalize. Their sleep should not be disturbed by asthma symptoms, and asthma medications should not be required daily, other than with vigorous exercise.

FACTS ABOUT ASTHMA:

Asthma is a chronic lung condition that can develop at any age and is characterized by difficulty in breathing. Although sometimes worrisome and inconvenient, it is a manageable condition. With proper understanding, good medical care, and monitoring, you can keep asthma under control.

In the United States, asthma affects 14 to 15 million people. It is most common in childhood and occurs in approximately 7-10 percent of the pediatric population. Asthma is the most common chronic respiratory disease of children; it accounts for 25 percent of school absenteeism. It affects twice as many boys as girls in childhood; more girls than boys develop asthma as teenagers, and in adulthood, the disease affects males and females in equal numbers.



Your Health is published quarterly by the L.A. County Department of Health Services, Public Health. You are welcome to make copies of this newsletter.

Los Angeles County Board of Supervisors



Gloria Molina
Yvonne Brathwaite Burke
Zev Yaroslavsky
Don Knabe
Michael D. Antonovich

Thomas L. Garthwaite, MD

Director of Health Services & Chief Medical Officer

Fred Leaf

Chief Operating Officer

Jonathan E. Fielding, MD, MPH

Director of Public Health & County Health Officer

Maria C. Iacobo, MS

Director, DHS Communications

Joslyn E. Matthews: *Managing Editor*
Tony Taweesup: *Graphic Design*
Teresa Graves: *Administration*

Contributors:

Margaret Avila, RN/NP, MCN, MS
Deepa Seralathan, MD, MPH, MPH

DHS Communications

241 N. Figueroa Street, Room 348
Los Angeles, CA 90012
213/240-8144 • Fax 213/481-1406
www.ladhs.org